



## Personal Information

Name \_\_\_\_\_

Address		City	State	Zip
Phone #	Mobile #	Email Address		
Are you legally eligible to work in the US? <i>(Proof of eligibility will be required upon offer of employment)</i> _____ Yes _____ No		Are you over the age of 18? <i>(If no, you may be required to provide authorization)</i> _____ Yes _____ No		Have you ever applied to PBH&HH Before? <i>If yes please give date _____</i> _____ Yes _____ No
Can you with or without reasonable accommodation perform the essential functions of this job? <i>(If you have any questions about the functions of the job, please ask the interviewer before answering this question)</i> _____ Yes _____ No		Have you ever worked at PBH&HH Before? <i>If yes, please give date _____</i> _____ Yes _____ No		
How did you hear about us? _____ Walk In _____ PBH&HH Website _____ Newspaper _____ Staff Referral _____ Other				Do you know anyone who works for PBH&HH? If yes, who? _____ _____ Yes _____ No

## Position

Position you are applying for:	Available start date:	Desired Pay:
Employment Desired: _____ Full time _____ Part time _____ Under Arrangement (Per Diem)		
Have you ever been convicted of a felony? <i>(A conviction will not necessarily disqualify you) If yes, Please explain: _____</i> _____ Yes _____ No	Do you have a valid driver's license? <i>(for driving positions only)</i> _____ Yes _____ No	
Have you ever had your professional license revoked or suspended or had any disciplinary action taken against you? (If yes, please explain: _____) _____ Yes _____ No	If applicable please indicate your license number _____	

## Education

School Name	Location	Years Attended	Degree Received	Major

Describe any special skills, experience and/or training that would enhance your ability to perform the position applied for?

Describe your Computer Skills:

## Employment History

Employer	Job Title		Supervisor	
Work Phone				
Address	City	State	Zip	Dates Employed
Employer	Job Title		Supervisor	
Work Phone				
Address	City	State	Zip	Dates Employed
Employer	Job Title		Supervisor	
Work Phone				
Address	City	State	Zip	Dates Employed
Employer	Job Title		Supervisor	
Work Phone				
Address	City	State	Zip	Dates Employed

## Other

Are you presently employed?  
\_\_\_ Yes \_\_\_ No

If yes, may we contact your employer?  
\_\_\_ Yes \_\_\_ No

## References

Name	Occupation	Company	Address, Phone, Email	Years Acquainted

## Signature Disclaimer

**\*Please read carefully before signing\***

I understand that submission of an application does not guarantee employment. I further understand that, should an offer employment be extended by Pemi-Baker Hospice & Home Health (hereinafter referred to as "PBH&HH") that such employment with PBH&HH is at will, for no specified duration and may be terminated by either PBH&HH or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements, of PBH&HH or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of PBH&HH except Executive Director has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Executive Director. In consideration for employment with PBH&HH, if employed, I agree to conform to the rules; regulation, policies and procedures of PBH&HH at all times, and understand that such obedience is a condition of employment. I understand that due to the nature of PBH&HH's business, attendance and punctuality are considered essential requirements of every job at PBH&HH and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with PBH&HH, I may be required to submit to a pre-employment background check and driver's record check and a post-employment medical examination as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of the tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to PBH&HH and/or

any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for 60 days. If I wish to be considered for employment after this period I must fill out and submit a new application.

I attest with my signature below that I have given PBH&HH true and complete information on this application. No requested information has been concealed. I authorize PBH&HH to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate termination, regardless of the timing or circumstances of discovery.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Pemi-Baker Hospice & Home Health is proud to be an equal opportunity employer. PBH&HH does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.**

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#### RESULTS

Interview Team Members: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Job Offered: \_\_\_\_ Yes \_\_\_\_ No

If Yes, Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Date beginning Employment \_\_\_\_\_ Compensation \$ \_\_\_\_\_ per \_\_\_\_\_